Complete and mail this form, together with applicable fees, to:

TITLE OF THINLY WOVEN FLEXIBLE GRAFT

INVENTION

PART B-ISSUE FEE TRANSMITTAL

Washington, D.C. 20231

Box ISSUE FEE



MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 Note: The certificate of mailing below can only be used for domestic through 4 should be completed where appropriate. All further correspondence including the Issue Fee mailings of the Issue Fee Transmittal. This certificate cannot be used Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing. correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for **Certificate of Mailing** maintenance fee notifications. CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class 33M1/0609 mail in an envelope addressed to the Box Issue Fee address above on HOFFMANN AND BARON the date indicated below. 350 JERICHO TURNPIKE RECEIVED Publishing Division JERICHO NY 11753 Odena Guariglia (Depositor's name JUL 25 1997 (Signature) 1997 (Date) **EXAMINER AND GROUP ART UNIT** DATE MAILED APPLICATION NO. **FILING DATE TOTAL CLAIMS** 06/09/97 08/650,783 05/20/96 016 CUDDIHY, 3308 PETER J. SCHMITT, First Named Applicant

ATTY'S DOCKET NO.			CLASS-SUBCLASS BATCH N		. APPLN. TYPI		E SMALL ENTITY		FEE DUE	DATE DUE		
	3	498-53-CON	623-001.	000 N	83	UTIL		Y NO	\$1290.00	09/09/97		
1	Use of PTO form(s) and Customer Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (1) the name attorneys or the name or member a light and the name of member and the name of the n							ng on the patent front page, list es of up to 3 registered patent r agents OR, alternatively, (2) of a single firm (having as a registered attorney or agent) nes of up to 2 registered patent agents. If no name is listed, no e printed.				
3	PLEASE Inclusion the PTO filing an a	NOTE: Unless an assigned of assignee data is only ap or is being submitted unde	E DATA TO BE PRINTED Of e is identified below, no assig propiate when an assignmer r separate cover. Completion dox Medicals, In									
(B) RESIDENCE: (CITY & STATE OR COUNTRY) 113 Bauer Drive, Oakland, NJ 07436 Please check the appropriate assignee category indicated below (will not be printed on the patent)							4b. The following fees or deficiency in these fees should be charged to: DEPOSIT ACCOUNT NUMBER (ENCLOSE AN EXTRA COPY OF THIS FORM)					
												☐ individual ☐ corporation or other private group entity ☐ government
7	The COMM	SSIONER OF PATENTS A	ND TRADEMARKS IS reque	sted to apply the	Issu	e Fee to the ap					_	
	Authorized			(D.	ate)	3197						
(NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office.											
1	Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231							3/19/1997 LBERGER FC:142 FC:561		0783 1290.00 GP 30.00 GP		
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.												